SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138



五年

CK# 2005



Refund: Permit #: Date: Amount Paid: なる 8-24-16-8 9-1-16 8880 NA PARTIES

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED

☐ Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yescontinue —▶	Section 27, Township 50 N, Range 8 W	013 119 2 BLOCK 4 Gov't Lot Lot(s) CSM	fiption: (Use Tax Statement)	N/A N/A	Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone:	Contractor: Contractor Phone: 715-774.3585	Address of Property: 83405 WASHINGTON AVE PORT	THOMAS & ANNETTE FLAIG 5156 Fran	TYPE OF PERMIT REQUESTED-> 🛭 LAND USE 🗏 SANITARY 🖂	necks are made payable to: Bayrield County Zoning Department. NO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.
ļ	FOR 1	Vol & Page	-2-50-0				Jiv/State/Zip: PORT WING, WI	Mailing Address: 5156 France AV N	PRIVY 🗆 (Co. Zoning I
Distance Structure is from Shoreline :	PORT WINC, WI	Lot(s) No. Block(s) No.	PIN: (23 digits) 04- 042-2-50-08-29-4-00-25909000 volume 1	NA	Agent Mailing Address (include City/State/Zip):	Plumber: N/A	W1 54865		☐ SANITARY ☐ PRIVY ☐ CONDITIONALUSE ☐ SPECIALUSE	
<u> </u>	Lot Size	<u>;</u>	Recorded Doc Volume ///		de City/State/Zip):		Ŋ	City/State/Zip: Robbinsdale, HN 554		
Is Property in Floodplain Zone?	Acreage	Subdivision: POV+ WMG	Document: (i.e. Property Ownership)	Attached Yes	Written A	Plumber Phone:	Cell Phone:	5422 763-522.0826	☐ B.O.A. ☐ OTHER	
Are Wetlands Present?	ء ال <i>ح</i>		It: (i.e. Property Ownership) Page(s) 644	Attached N// ↓ Attached N//↓ Attached No	Written Authorization	Phone:	Cell Phone: 763-355 -41 59	re: - 22 .08 26	THER	

Value at Time of Completion * include donated time &	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Wate
	☐ New Construction	ズ 1-Story	reasonal r	□ 1		X City
n	X Addition/Alteration	1-Story + Loft '≯ Year Round	⁴≶ Year Round	□ 2	☐ (New) Sanitary Specify Type:	□ Well
000	□ Conversion	□ 2-Story		3	Sanitary (Exists) Specify Type:	
/	Relocate (existing bldg)	☐ Basement			☐ Privy (Pit) or ☐ Vaulted (min 200 gallon)	
	☐ Run a Business on	. No Basement		`X None	☐ Portable (w/service contract)	l
	Property	Enuméntion			☐ Compost Toilet	1
		X Cot いなか			□ None	

☐ Shoreland

☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage
If yes---continue

Distance Structure is from Shoreline : feet

Is Property in Floodplain Zone? Yes

Are Wetlands
Present?

Ves

If yes--continue

Existing Structure: (If permit being applied for is relevant to it)
Proposed Construction:

Length:

Width:

Height: Height:

	-	With the second			
Proposed Use	\	Proposed Structure	Dimen	imensions	Square Footage
		Principal Structure (first structure on property)	×)	
		Residence (i.e. cabin, hunting shack, etc.)	×	_	
		with Loft	×	_	
X Residential Use		with a Porch	×	_	
		with (2 nd) Porch	×	_	
		with a Deck	×	_	
		with (2 nd) Deck	×	_	
Commercial Use		with Attached Garage	(x	-	
		Bunkhouse w/ (\square sanitary, or \square sleeping quarters, or \square cooking & food prep facilities)	×	-	
		Mobile Home (manufactured date)	Z ×	(, <i>L</i> % x,	378
	×	Addition/Alteration (specify) Porch Screen	×		
I wunicipal use		Accessory Building (specify)	(x)	
-		Accessory Building Addition/Alteration (specify)	×)	
		Special Use: (explain)	(x)	
		Conditional Use: (explain)	(x)	
		Other: (explain)	(x)	

above described property at any reasonable time for the purpose of inspection.	may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the	am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept (lability which	I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we)	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
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Owner(s):

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

Date

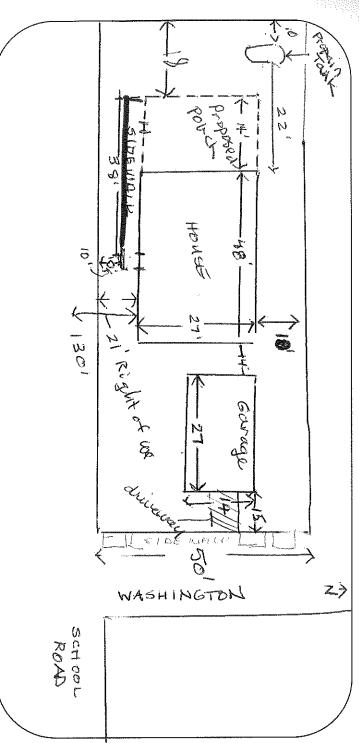
Date

18-16

Show:

Show:

Show any (*): Show any (*):



Please complete (1) - (7) above (prior to continuing)

Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	21 Feet	Setback from the River, Stream, Creek	Feet
A CAMBRIDATION OF THE PARTY OF		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line) (C) Feet		
Setback from the South Lot Line	i (), Feet	Setback from Wetland	Feet
Setback from the West Lot Line	18 Feet	20% Slope Area on property	☐ Yes ☐ No
Setback from the East Lot Line	10 H Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

reyed corner or marked by a licensed surveyor at the owner's expense

nstruction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from ner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be or at the owner's expense.

Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DE), Holding Tank (HT), Privy (P), and Well (W)

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun. For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code The Construction of New One & Two Family Dwelling: ALL Municipalities are Required To Enforce The Uniform Dwelling Code.

Issuance Information (County Use Only)	Sanitary Number: Nunce (Da C # of bedrooms:	Sanitary Date:
Permit Denied (Date):	Reason for Denial:	
Permit #: //_ + 0288 P	Permit Date: 9-/-/6	
Is Parcel a Sub-Standard Lot Yes (Deed of Record) Is Parcel in Common Ownership Yes (Fused/Contiguous Lot(s)) Is Structure Non-Conforming Yes	□ No Mitigation Required □ Yes \ No □ No Mitigation Attached □ Yes \ No	Affidavit Required © Yes \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Granted by Variance (B.O.A.) □ Yes □ No Case #:	Previousl∮ Granted by Variance (B.O.A.) ☐ Yes ☐ No Case	
Was Parcel Legally Created ☐ Yes ☐ No	Were Property Lines Represented by Owner Was Property Surveyed	□ Yes □ No
Inspection Record: BCRSA:		Zoning District (2 -4) Lakes Classification (2 -4)
Date of Inspection:	inspected by: CHONKOL HULPEC	Date of Re-Inspection: /
Condition(s):Town, Committee or Board Conditions Attached? New York New York Condition(s):Town, Committee or Board Conditions Attached?	wn, Committee or Board Conditions Attached? Pres on on (If No the) need to be attached.) A though well required the Atbucks. A	\
UDC permit stock	use permit should be obtained + complied) man
Signature of Inspector:		Date of Approval
Hold For Sanitary:	Hold For Affidavit:	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT David Shimp (Rightled) 7 3 2016

Bayfield Co. Zoning Dept.

Refund:	Amount Paid:	Date:	Permit #:
3	9-2-16 SIGN	9.7-16	16-0299

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION HAVE ALL ACCOUNTY.

☐ Is Property/Land within 300 feet of River, Stream (incl. Intermittent)	Section 28 , Township 50 N, Range 8 W	1/4,1/4 Gov't Lot Lot(s)	PROJECT: LOCATION Legal Description: (Use Tax Statement)	Authorized Agent: (Person Signing Application on behalf of Owner(s))	Contractor:	Address of Property: 9060 and 9030 School Rd	Sheila and Mervyn Bergman	TypE OF PERMIT REQUESTED—P	O NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT
r, Stream (incl. Intermittent)		11(s) CSM Vol & Page 12-1083	PIN: (23 digits) 04- 28 850	Agent Phone:	التوريخ Contractor Phone: ع	Port wing, WI 54865	E1737 144104	Mailing Address:	APPLICANT.
Distance Structure is from Shoreline :	Port Wing	Lot(s) No. Block(s) No. $4-12$ -1		Agent Mailing Address (include City/State/Zip):	Cady Plumbing	WI 54865	E1737 14404 Ave Prairie Farm W154762	City/State/Zip:	
7	140×250	Okerstro	Recorded Docume	State/Zip):			WHS 1012		
Is Property in Are Wetlands	Acreage Tork	okerstrom Heydlauff	Recorded Document: (i.e. Property Ownership) Volume 10-8 2 Page(s) 48 (Written Authorization Attached Yes No	Plumber Phone: 7/5-373-23	715-455-8120	Cell Phone:	Telephone:	OTHER

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X.Non-Sharefland	and the second					-	20
1,000	-			-			
Value at Time of Completion	Project	# of Stories		***	What Type of	of	Water
* include donated time &		and/or basement	O'A	bedrooms	is on the property?	rty?	
HQCC; FQ	☐ New Construction	№-1-Story	😿 Seasonal	X 1	★ Municipal/City		∯-City
•	★ Addition/Alteration	☐ 1-Story + Loft	Year Round	□ 2	☐ (New) Sanitary Specify Type:		□ Well
50,000	☐ Conversion	☐ 2-Story	J	П 3	☐ Sanitary (Exists) Specify Type:	Type:	Ë
	☐ Relocate (existing bldg)	□ Basement			Privy (Pit) or Vaulted (min 200 gallon)	d (min 200 gallon)	
	□ Run a Business on	□ No Basement		A None	☐ Portable (w/service contract)	act)	
	Property	☐ Foundation		/	☐ Compost Toilet		
	7				□ None		
Existing Structur	Existing Structure: (if permit being applied for is relevant to it)	r is relevant to it)	Length: 6円	-1	Width: 26'	Height: //o 1	
Proposed Construction:	uction:		Length: 69'	,	Width: 26	Height: 16 '	

Shoreland

s Property/Land within 1000 feet of Lake, Pond or Flowage

If yes---continue

Distance Structure is from Shoreline :

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property a range of the purpose of inspection.

Authorized Agent:

Address to send permit

Owner(s): Shulb (If there are Multiple Owners I

Owners listed on the Deed All Owners

must sign

or letter(s) of authorization ととろ

Lampr

Date

<u>a,</u>

application)

(If you signing on behalf of the owner(s) a letter of authorization must accompany this application)

E1737 4+0411 Prairie Id'u , کنار

Date

Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Issue Perr Perr Perr Perr Perr Perr Perr Pe	Sett Sett Sett Sett Sett Sett Sett Sett	
Issuance Infor Permit Denied (D: Permit #: // - Is Parcel a Su Is Parcel in Come Is Structure N Granted by Variar I Yes Was Proposed B Inspection Recore Town Ro Date of Inspection Condition(s):Town Olw NEC PROPES Signature of Inspection Signature of Inspection	Please of Please	7 Person
Issuance Information (Permit Denied (Date): Permit #: // - O @ 9 Is Parcel a Sub-Standard Is Parcel in Common Owners Is Structure Non-Conform Granted by Variance (B.O.A.) Was Proposed Building Site Inspection Record: OLD Was Proposed Building Site Inspection: 5 - 2 (Condition(s):Town, Committed Diagraphy 1978) Condition(s):Town, Committed Diagraphy 1978 Condition(s):Town, Committed Diagraphy 1978 Signature of Inspector: Hold For Sanitary:	Please complete (1) (8) Sett (8) Sett Setback from the Cent Setback from the Esta Setback from the Nort Setback from the Sout Setback from the Wes Setback to Drain Field Setback to Privy (Port rior to the placement or constitution that placement or c	(1) sh (2) sh (3) sh (4) sh (5) sh (6) sh
ate): OB99 OBSTANDING ATOLOGY OPRO R. OPRO	Descrip Descrip Descrip Descrip Descrip Descrip E Centerlin E Establish E Establish E Establish E Establish E C Tank or H Field (Portable, or construction ed comer to free domer to free construction for construction sed comer to free Stake or Stake or	Show Show Show Show Show Show Show Show
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Issuance Information (County Use Permit Denied (Date): Permit #: // - 099 Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming Tyes Was Proposed Building Site Delineated Inspection Record: OLD CABIA TOWN ROPO ROW Condition(s): Town, Committee or Board Co OWNER SHALL AB PROPERTY UNE SIgnature of Inspector: Signature of Inspector: Hold For Sanitary: Hold For Sanitar	Please complete (1) – (7) above (prident of the place of the placement or construction of Platted Restback from the Setback from the South Lot Line Setback from the West Lot Line Setback from the East Lot Line Setback to Drain Field Setback to Brivy (Portable, Composting) with the placement or construction of a structure with the placement or construction	Show Location of: Show Location of: Show Indicate: Show: Show: Show any (*): Show any (*):
The local Town, Village, City, State or Federal agencies may also require permits. Sanitary Number: Munic (p A 2 # of bedrooms:	Please complete (1) – (7) above (prior to continuing) (B) Setbacks: (measured to the closest point) Description Descrip	Draw or Sketch your Property (regardland tow Location of: North (N) on Plot (N) On Proposed Construction (N) On Plot
The local Tow e Only) (Deed of Record) (Fused/Contiguo (Fused/Contiguo ATE ON ON ON ON ON ON ON ON ON O	ior to continuing to the close of the close	Proper North
The local Town, Villag Only) Sanitan Reason Reason (Fused/Contiguous Lot(s)) (Fused/Contiguous Lot(s)) To FAST I S DIM TEC W DI ATE VIOLE ATE VIOLE ATE VIOLE TOWN TOWN	ntinuing) closest point) closest point) (c) 2 2 2 3 4 4 The owner's expen (10) feet but less than mer, or verifiable by mer, or verifiable by the & Two Family Permits Expire (operty (regardless of what your proposed Construction North (N) on Plot Plan (*) Driveway and (*) Frontage All Existing Structures on you well (w); (*) Septic Tank (*) Well (w); (*) Stream (*) Wetlands; or (*) Slopes on the construction of the co
Sanitary Number: Sanitary Number: Reason for Denial: Reason for Denial: Permit Date: Q Permit Date: Q No NORK (re No NORK (re) No NORK (re No NORK (re) NO	measu Measu Measu 13 25 25 25 26 A Of New O Familiv	onstrument Plot Fig. (*) Se River; (*) Se C. (
Date: Q Pare: Q Par	Measurement Measurement 137' F 25' F 24' F 30'	working the state of the state
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# of bedrooms: # of bedrooms:	Changes in plans must be ap Changes in plans must be ap Description Description The Lake (ordinary high-wat the River, Stream, Creek the Bank or Bluff The Bank or Bluff Wetland a on property coodplain oodplain which the boundary line from which the back, the boundary line from which the throm a known comer within 500 feet of the back, the boundary line from which the construction or Use has set if Construction or Use has	Holding Holding
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